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APPLICANTS									
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** CONTINUING DATA **********************************									
** FOREIGN APPLICATIONS ************************************									
Foreign Priority claimed	☐ yes ☐ no		· · · · · ·						
35 USC 119 (a-d) conditio met		er	STATE OR	SHE	ETS	ТОТ	AL	INDEPENDENT	
Verified and Acknowledged		tials	COUNTRY MA	DRA\		CLAI 14		CLAIMS 3	
ADDRESS 40679 RONALD I. EISENS NIXON PEABODY I 100 summer street BOSTON , MA 02110									
TITLE GLYCOSYLATED MODIFIED PRIMATE LENTIVIRUS ENVELOPE POLYPEPTIDES									
	☐ All Fees								
	1.16 Fees (Filing)								
FILING FEE FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT time )							(Proce	essing Ext. of	

RECEIVED	No for following:	1.18 Fees (Issue)
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